U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Faiture to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

| For Official Use Only | |
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| S READ THE INSTRUCTIONS CAREFUL | LY BEFORE PREPARING THIS REPORT |
| AUG222005 | |
| 1 File Number U 10563 | 2 Fiscal Year Covered From |
| 70363 | |
| | 7/7/04 Through 22/37/04 |
| 3 Name and address of person filing | 4 Name file number and address of labor organization |
| Name Everett L. Sides ==== | Name IUPAT DISTRICT COUNCIL 9/ |
| | Labor Organization File Number 543404 |
| PO Box Bidg Room No If any | P O Box Building and Room Number if any |
| Street 1902 South Post Rd | Street 409 Millner Industrial Dr. |
| city Anderson | City EVANS VILLE |
| State IN - ZIP Code + 4 460/2 | State ZN ZIP Code + 4 47710 |
| 5 Position in labor organization | 4 |
| A Held an interest in engaged in transactions (including loans) with or | dusions set forth in the instructions) |
| monetary value from an employer whose employees your organization. | 7 a Nature of Interest Transaction or Income |
| 6 Name and address of Employer (including trade name if any) | |
| Name { | |
| Trade Name If any | |
| P O Box Bldg Room No if any | |
| | |
| | 7 b Amount |
| Street | 7 b Amount |
| Street City | 7 b Amount |
| | 7 b Amount |
| City ZIP Code + 4 | 7 b Amount |
| State ZIP Code + 4 Signature and verification The undersigned declares under penalty of | inature of Perjury and other applicable penalties of the law that all of the information naving documents) has been examined by the signatory and is to the best of the |

| Name of Person Filing Evere 1. Sides | File Number U- |
|--|---|
| | directly to, or otherwise |
| 8. Name and address of Business (including trade name, if any). Name TNdiANA STATE COUNCIL OF ROOFERS Trade Name, if any: HEALTH AND WELFARE FUN P.O. Box, Bldg., Room No., if any P.O. Box 5769 Street City LAFAYETTEE State TN ZIP Code + 4 47903- | a Labor Organization |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. TrusTee on Health Fund 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Health and welfare Fund Phid For Hotel room |
| | 12.b. Amount. |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money | er parts A and B above) y or other thing of value. |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: | 14.a. Nature of payment. |
| City State ZIP Code + 4 | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |